



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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PSO
HAWAII

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
POYZER	ROSE ANN		521-8961
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
932 WARD AVENUE, SUITE 430	HONOLULU	HI	96814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			521-8961
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
932 WARD AVENUE, SUITE 430	HONOLULU	HI	96814

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
HEALTHCARE ASSOCIATION OF HAWAII	521-8961		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
932 WARD AVENUE, SUITE 430	HONOLULU	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
LESLIE T. HO			521-8961
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
932 WARD AVENUE, SUITE 430	HONOLULU	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Rose Ann Poyzer

(Signature of Lobbyist)

1-14-03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
ROBERT J. WALKER	CHAIRMAN OF THE BOARD		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
HEALTHCARE ASSOCIATION OF HAWAII	521-8961		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
932 WARD AVENUE, SUITE 430	HONOLULU	HI	96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<i>Robert J. Walker</i>			1/10/03
(Signature of Authorizing Officer or Person Represented)			(Date)